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					Com	plete if K	nown				
			PE	Apr	plication Nu	mber	10/757,33		336		
FEE TRANSMITTAL					ng Date			January	/ 14, 2004		
	For FY 2	2005/ nn	0 7 200	6 Fire	st Named In	ventor		Renter		···	
		120		R/	aminer Nam		;	3462			
☑ Applicant claims	small entity sta	atus. See	FR 1.27					Reese			
TRADE IN AIT OILL									-0001		
TOTAL AMOUNT OF PAYMENT (\$) 225 Attorney Docket Number K47.12-0001											
METHOD OF PAYMENT (Check all that apply)											
□ Check ☒ Credit Card □ Money Order □ None □ Other (Please Identify): ☐ Deposit Account - Deposit Account Number: 23-1123 □ Deposit Account Name: Westman, Champlin and Kelly For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments ☐ Under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING,	SEARCH, AND	EXAMINATIO	N FEES								
Application Type	FILING FEES SEARCH FE Small Entity Small E Fee (\$) Fee (\$) Fee (\$) Fee (\$)					EXAMINATION FEES Small Entity Fee (\$) Fee (\$)			Fe	ees Paid (\$)	
Utility		150	500	250		200	100				
Design		100	100	50		130	65				
Plant Reissue		100 150	300 500	150 250		160 600	80 300				
Provisional		100	0	0		0	0				
2. EXCESS CLAIM Fee Description									<u>Fee</u>	Small Entity e (\$) Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent										0 25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent										100	
Multiple dependen	t claims								36	180	
Total Claims		Extra Claims		ee (\$)		Paid (\$)			<u>M</u>	lultiple Dependent Claims	
0 HP = highest number of	- 20 or HP =	0	X	25	= (0				e (\$) Fee Paid (\$) 80 0	
Indep. Claims	total Gaillis paid for	Extra Claims	Fe	e (\$)	Fee F	Paid (\$)					
0	- 3 or HP =	0	x -	100		0					
HP = highest number of	•	paid for, if greater t	han 3								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
<u>Total Sheets</u> 0	<u>Extra</u> - 100 = 0	Sheets / 50	-		additional : (round up t				<u>Fee (\$)</u> 125	<u>Fee Paid (\$)</u> = <u>0</u>	
4. OTHER FEE(S) Fee(s) Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount) Other: 2 month ext of time fee 225											
SUBMITTED BY											
Signature		H/				Registra (Attorne	ation No. y/Agent)		36,188	Telephone: 612-334-3222	
Name (Print/Type)	Steven M. k	Koerter	/							Date: 6/5/6C	